

## CA Alternative Staging of Braam Panel Improvements

12/20/05






Area	Goal	Outcome	Benchmark							
			F05	F06	F07	F08	F09	F10	F11	FY12
<b>IIIB. Mental Health</b>	<b>1. Each child in the custody of DCFS shall have an initial physical and mental health screening within 30 days of entry into care</b>	B3. Children with emergent needs will be seen for crisis intervention with relevant assessment within 2 hours			90%	95%				
		B4. Children with urgent needs will be seen for crisis intervention with relevant assessment within 24 hours			90%	95%				
		1. The immediate and urgent medical and mental health needs, as well as any communicable diseases, will be determined by an appropriate health professional through an initial health screen for each child who enters DCFS custody								
		2. Children entering out-of-home care will have initial health screens within 72 hours of entering care					50%	75%	95%	
		B2 Children with emergent needs will be served within the timeframes indicated in their assessments			95%	100%				
<b>IIIC. Foster Parent Training and Information</b>	<b>1. Caregivers shall be adequately trained, supported and informed about children for whom they provide care so that the caregivers are capable of meeting their responsibilities for providing for the children in their care</b>									
<b>IIID. Unsafe/ Inappropriate Placements</b>	<b>1. All children in DCFS's custody shall be placed in safe placements</b>	1. Children will be placed in care environments licensed and designed for foster children, or with unlicensed relative caregivers		B	TBD					
		2. Children will be placed in care environments licensed and designed for foster children, or with unlicensed relative caregivers		B	25%	25%	25%	25%	25%	
	<b>IIIC. Foster Parent Training and Information</b>	3. Placement of children with sexually or physically assaultive behaviors (under review)								
		4. Children will not be placed with foster or kinship caregivers caring for children with sexually or physically assaultive behaviors unless the caregivers have completed the specified training courses for these safety endangering behaviors		B	100%					
		5. Children who are medically fragile will be placed with caregivers who are connected to appropriate and ongoing medical consultation and training regarding their care-taking responsibilities (under review)								
		6. The percentage of children who receive a private and individual face-to-face visit from the case worker at least every 30 days will increase significantly over the settlement period			B	25%	25%	25%	25%	
	<b>2. The State shall continue to meet or exceed the federal standard for out-of-home care safety measure</b>	1. CA will meet or exceed the federal out-of-home safety standard								

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	3. Reduce the number of adolescents on runaway status from foster care	1. Reduce the number or percentage of children who run from out-of-home care placements for the first time		B	10%	15%	10%	5%	5%	
		2. Reduce the number or percentage of children who run from out-of-home care placements two or more times		B	10%	15%	10%	5%	20%	
		3. Reduce the number of days that a child on runaway status is gone by creating strategies to aggressively locate runaways and at the same time not increase the days (mean and median) due to civil contempt motions remains constant		B	10%	15%	10%	5%	20%	
	1. Each child in the custody of DCFS shall have an initial physical and mental health screening within 30 days of entry into care	2. Within 30 days of entering out-of-home care, each child's functioning in five life domains (physical/medical, education, family/social, developmental, and emotional/behavioral-including substance abuse behaviors when applicable) will be screened, and a plan for meeting his/her needs will be developed	CA will continue to work on these health and safety related items and proposes they not be subject to performance measurement until FY2009.			B	90%	95%		
	<div>Note: B = Panel sets Benchmark FY05 = 07/01/04 - 06/30/05 FY06 = 07/01/05 - 06/30/06 FY07 = 07/01/06 - 06/30/07 FY08 = 07/01/07 - 06/30/08 FY09 = 07/01/08 - 06/30/09 FY10 = 07/01/09 - 06/30/10 FY11 = 07/01/10 - 06/30/11</div>	B1. Children in out-of-home care 30 days or longer will have completed and documented CHET screens within 30 days of entering care				B	95%	100%		
		B2. Children in out-of-home care will have EPSDT exams completed within 30 days of entering care				B	90%	95%		
		B3. Children in out-of-home care will have CHET Shared Planning Meetings within 60 days of entering care				B	90%	95%		
		B7. Children under age three, identified with concerns about developmental delays in the CHET screening, will be referred to ITEIP within 2 days				B	90%	95%		
		B1. Children entering out-of-home care, who are identified by the CHET screening as needing a comprehensive mental health assessment, will receive one within 45 days entering care				B	90%	95%		
		B2. Comprehensive mental health assessments for children already in placement will be provided within 30 days of a request for assessment				B	90%	95%		
		B5. Children in out-of-home care will be screened for mental health needs every 12 months					B	90%	95%	
IIIB. Mental Health	3. Children in the custody of DCFS shall receive timely, accessible, individualized and appropriate mental health assessments and treatment by qualified mental health professionals consistent with the child's best interest						B	90%	95%	
IIIA. Placement Stability	1. Each child in the custody of the Department shall have a safe and stable placement with a caregiver capable of meeting the child's needs	1. Foster and kinship caregiver recruitment will improve significantly over the settlement period			B	10%	10%	10%	10%	10%
		2. Foster and relative caregiver retention will improve significantly over the settlement period			B	10%	10%	10%	10%	10%

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		3. The proportion of active foster and relative caregivers from specific ethnic minority backgrounds will become comparable to the proportion of children in foster care from the same ethnic backgrounds			B					
		4. The percentage of children in custody for at least 30 days who experience three or more placements			B	10%	10%	10%	10%	10%
		5. The reductions in percentage of children in custody for at least 30 days during the monitoring period who experience three or more placements			B	10%	10%	10%	10%	10%
	<b>4. Continuity of treatment providers will be maintained, except when it is not in the best interest of the child</b>	1. Each child with documented receipt of two or more mental health treatment encounters shall receive services from the same individual provider, to the greatest extent possible, for each episode of mental health treatment (from admission to discharge), unless this is not in the child's best interest								
		B1. Each child will receive mental health services from the same individual provider				75%	85%	95%		
<b>IIIE. Sibling Separation</b>	<b>1.Placement of siblings together is presumed to be in the children's best interest, unless there is a reasonable basis to conclude that the health, safety or welfare of a child is put in jeopardy by the placement</b>	1. The Department will achieve and maintain the CFSR federal standard								
		The percentage of children placed with any siblings will increase yearly by 10% over baseline until the CFSR federal standard is reached			B	10%	10%	10%	10%	10%
		The percentage of children placed with all siblings will increase yearly by 10% over baseline until the CFSR federal standard is reached			B	5%	5%	5%	5%	5%
	<b>2. Frequent and meaningful contact between siblings in foster care who are not placed together and those who remain at home should occur, unless there is a reasonable basis to conclude that such visitation is not in the best interest of the children</b>	1. The percentage of children placed apart from their siblings who have two or more monthly visits or contacts (not including staffing meetings or court events) with some or all of their siblings will significantly increase over the settlement period			B	10%	10%	10%	10%	10%
<b>IIIF. Services to Adolescents</b>	<b>2. Improve the educational achievement of adolescents in the custody of DCFS and better prepare them to live independently</b>	4. The percentage of school aged children enrolled in school within three school days of entering care or changing placements when continuation in a current school is not possible or in the best interest of the child will significantly increase			B	10%	10%	10%	10%	
<b>IIIB. Mental Health</b>	<b>1. Each child in the custody of DCFS shall have an initial physical and mental health screening within 30 days of entry into care</b>	B4. Children age 12 and above will attend the CHET Shared Planning Meetings				B	90%	95%		

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		B5. One or more of the following will attend the CHET Shared Planning Meeting held within 60 days of entering care for each child - caregivers, birth parents/legal guardians, tribal representatives (when applicable) and children's representatives				B	95%	100%			
		B6. Caregivers, birth parents, tribal representatives (when applicable) and children's representatives will receive a copy of the CHET screening report and recommendations from the Shared Planning Meeting				B	90%	95%			
		B8. CA will develop and implement a panel-approved plan to review and ensure the quality of the CHET process				B	90%	95%			
	2. Plans to meet the special needs of children in the custody of DCFS will be included in child's ISSP	B8a. Complete the plan for quality review (12/30/06)					100%				
		B8b. Panel completes review and approval of CA plan (3/30/07)					100%				
		B8c. CA begins implementation of quality review (9/30/07)						100%			
		1. The findings from all screenings and assessments of children will be used to develop and implement a service plan (the ISSP) for every child in care and to update plan at least every six months									
		B1. Children will have documented health and education plans in their ISSPs within 60 days of placement				B	90%	95%			
		B2. Children will have updated health and education plans every six months				B	90%	95%			
		B3. ISSPs will meet COA service plan standards					90%	95%			
	3. Children in the custody of DCFS shall receive timely, accessible, individualized and appropriate mental health assessments and treatment by qualified mental health professionals consistent with the child's best interest	1. Each child who needs a comprehensive mental health assessment will receive one									
		B6. Assessment results are shared with parents, caregivers, tribal representatives (when applicable), and children's representatives, except when this would be in conflict with existing state law					90%	95%			
		2. Each child who needs comprehensive mental health/substance abuse services will receive the appropriate services									
		B1. Children will receive services from a qualified mental health/substance abuse service provider within 30 days of the completion of an assessment recommending services				B	90%	95%			
		B3. CA will conduct a survey to determine whether participate; feel supported during a crisis; participate in clinical staffings and receive notice when child is denied assessment or services									
		- Complete and conduct survey (7/31/08)					X				
		- Panel reviews survey results (10/31/08)					X				
		- Panel creates new action steps (if needed) based on survey results (10/31/08)					X				

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		- CA implements new action steps (if any) (04/01/09)					X			
		B5. Clinical staffings will be held by the RSN and DCFS to develop an appropriate alternative plan for any child denied assessments or services				B	90%	100%		
		3. Children and youth from diverse racial and ethnic minority backgrounds (e.g., African American, Native American, Latino youth) will have access to the same level and quality of services as those provided for all children in DCFS custody								
		B1. The department will develop a process to assess services and outcomes for children from diverse racial and ethnic backgrounds				X				
		- The department and plaintiffs recommend to Panel the services and outcomes to track (by region) 6/30/06					X			
		- Panel reviews tracking plan 9/30/06					X			
		- CA begins tracking 12/30/06						X		
		- First tracking report completed 12/30/07						X		
		- Panel review first report and set baselines and benchmarks for each ethnic minority group 3/30/08						X		
		- Dissemination of report statewide 6/30/08								
		4. The Department will identify and address service gaps and system problems								
		B1. Annual reassessments of the status of behavioral health services for children in foster care will be completed and used by the Department to establish plans and set timeframes for promoting positive practices and addressing deficiencies within regions that need to improve performance					X	X	X	X
IIIF. Services to Adolescents	2. Improve the educational achievement of adolescents in the custody of DCFS and better prepare them to live independently	2. The Department will ensure that children who may be eligible for special educational services are assessed for and/or receive special education or related services (under review)				B	10%	10%	10%	10%
		3. Each school-age child will be at the age-appropriate grade, consistent with his or her developmental and/or cognitive abilities, or making substantial progress in that direction				B	5%	5%	5%	5%
IIIC. Foster Parent Training and Information	1. Caregivers shall be adequately trained, supported and informed about children for whom they provide care so that the caregivers are capable of meeting their responsibilities for providing for the children in their care	2. The percentage of foster and relative caregivers annually reporting adequate training for their role responsibilities will significantly improve over the settlement period					B	10%	10%	10%
		3. The percentage of foster and relative caregivers annually reporting adequate support for their role responsibilities (including crisis support, timely notification about case planning meetings, and cultural competency resources) will significantly improve over the settlement period					B	10%	10%	10%

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	<b>2. The Department shall offer and provide accessible pre-service and in-service training to all caregivers sufficient to meet the caregiving needs of children in placement</b>	B1. The average number of hours of in-service training for foster parent and relative caregivers will increase yearly by 4 hours over baseline					B	4+ hrs	4+ hrs	4+ hrs
		B2. The percentage of foster parents completing 36 hours of in-service training for each three-year period will increase yearly by 10% hours over baseline					B	10%	10%	10%
		B1. Development of full protocol 04/30/06					X			
		B2. Review and Approval by Panel 06/30/06					X			
		No benchmark necessary								
<b>IIIF. Services to Adolescents</b>	<b>2. Improve the educational achievement of adolescents in the custody of DCFS and better prepare them to live independently</b>	1. The percent of school-age children with a documented annual education review, as defined in Section V of the Individual Service and Safety Plan will significantly increase and this review will be used to determine his or her educational progress and whether appropriate educational progress is occurring. If such progress is not occurring, the department shall establish service plans for each child to address the educational needs identified in the annual review								
		5. The percentage of youth exiting foster care with a high school diploma will be increased to the rate/percentage of youth in the state's general population who receive high school diplomas					B	5%	5%	5%
		6. Of those youth graduating without a high school diploma, the percentage of youth exiting foster care with a GED, will be comparable to the rate/percentage of youth in the state's general population who receive GEDs					B	10%	10%	10%
		7. While in custody, each child will be prepared to live independently					B	10%	10%	10%
	 Immediate Health and Safety									
	 Other Health and Safety									
	 Stability of Placement and Connections									
	 Remediation									
	 Growth and Development									